



Form 3-GP.SW/06
Revised 07/01/10

State of Delaware
Department of Natural Resources and Environmental Control

Notice of Intent (NOI)

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Request for Obtaining Coverage Under *The Regulations Governing Storm Water Discharges Associated with Industrial Activities (Subsection 9.1)*

- Submission of this form serves as notification of the intention of the facility identified on this form, to adhere to the provisions of *The Regulations Governing Storm Water Discharges Associated with Industrial Activities* (NPDES General Storm Water Permit Program).
- This form must be complete in order to obtain permit coverage. Please refer to the directions regarding the fee that is required.

Section 1: Facility Information

Facility Name	Blessing Greenhouses and Composting Facility		
Mailing/ Billing Address	P.O. Box 647		
	City Milford	State DE	Zip 19963
Physical Address	<input type="checkbox"/> Same as above 9273 Draper Road		
	City Milford	State DE	Zip 19963
Within City Limits?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	County: <input type="checkbox"/> Kent <input type="checkbox"/> New Castle <input checked="" type="checkbox"/> Sussex	Tax Parcel ID
Identify the watershed and the name of the water body or municipal storm sewer system (public MS4) which receives storm water runoff from the facility	Latitude and Longitude expressed as a decimal to at least six (6) decimal points		
Discharges To Slaughter Creek	Latitude 38.853485	Longitude -75.305592	
Watershed	<input type="checkbox"/> Chesapeake Bay <input type="checkbox"/> Delaware Bay <input checked="" type="checkbox"/> Inland Bays/Atlantic Ocean <input type="checkbox"/> Piedmont		

Section 2: Contact Information (Responsible for facility compliance with the NPDES General Storm Water Permit)

Prefix Mr.	First Bruce	Middle	Last Blessing	Suffix
Title Owner	Telephone Number 302.684.8990			
E-Mail Address blessingsblends@gmail.com				

Section 3: Brief description of the types of industrial activities conducted at the facility

The Blessing Greenhouses and Compost Facility is involved in several activities in which horticultural products for greenhouse operation; professional landscaping; turf establishment and home gardening are produced or blended.

Section 4: List up to four (4) SIC Codes which describe the activities conducted at the facility


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Section 5: Is the facility subject to SARA Title III, Section 313 Requirements?

☐ Yes ☒ No

Section 6: Certification

"I certify under penalty of law this document and all attachments were prepared under my direction, or supervision, in accordance with a system designed to assure that qualified personnel gathered and evaluated the information submitted. Based upon my inquiry of the person(s) directly responsible for gathering the information, the information is, to the best of my knowledge, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for willful violations."

Print Name & Title Mr. Bruce Blessing	Telephone Number 302.684.8990
Signature 	Date October 25, 2015